Name in Full

Certificate of Death

Roscoe Bennett

Died at Cumberland (Town) Allegany (County) MARYLAND

Date 189 4 Month Aug Day 6

Age Y. 9 M. 8 D. 5

Native of Maryland

Occupation None

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / Single / ~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband / Wife of

Father's Name Asiah Bennett

Mother's Name

Cause of Death: Primary Typhoid Fever — How long sick 8 days

Immediate Uremic convulsions — Accident, ~~Suicide, Homicide~~

Reported by W J Corrigan MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63868

Name in Full

Certificate of Death

Ursula Bennett

Died at Town: Cumberland County: Allegany MARYLAND

Date 189 9 | Month: 8 | Day: 12 | Age: Y. 24 M. 2 D. 25 | Native of: Maryland | Occupation: none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of A

Father's Name: Asiah Bennett

Mother's Name: Emily Innes

Cause of Death — Primary: Typhoid Fever | How long sick: 2 Months

Immediate: Meningitis | Accident, Suicide, Homicide

Reported by: W J Craigo

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Infant Brig

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month Aug Day 15 Age Y. — M. 5 D. — Native of Md Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

82

Father's Name Alphonsus Brig Mother's Name — O'Malley

Cause of Death Primary Cholera Infantum How long sick two days

Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by W. J. Skilling M.D.

Address Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Ella Carey — Certificate of Death

Died at — Town: Lonaconing — County: Allegany — MARYLAND

Date 189 — Month: August — Day: 7 — Age: Y. 5 M. 5 D. — Native of: M. D. — Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / ~~Widower~~ — Divorced / ~~Number of children living~~

Husband / Wife of — 226

Father's Name: James Carey — Mother's Name: Mary Carey

Cause of Death — Primary: Tubercular Meningitis — How long sick: 2 mos

Immediate: — Accident, Suicide, Homicide

Reported by: M. Gibson Porter

Address: Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

* ~~No effect whatever from~~
~~1500 Units of Behrings Antitoxin~~

Name in Full Cinderella Devalt — Certificate of Death

Died at Town: Lonaconing County: Allegany MARYLAND

Date 189 9 Month: Aug. Day: 23 | Age Y. 5 M. 2 D. | Native of W. Va. | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of = Wife 82

Father's Name James Devalt — Mother's Name Rebecca Metz

Cause of Death: Primary Cholera Infantum — How long sick 3 days

Immediate —

~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65900

Name in Full

Certificate of Death

Elijah Fuller

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month August Day 22 | Age Y. 77 M. 10 D. 15 | Native of Pa | Occupation Grocery Merch

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband of Wife Catharine A Kent

Father's Name Henry Fuller | Mother's Name Drucilla

Cause of Death: Primary Apoplexy 42 | How long sick 10 days

Immediate Coma | ~~Accident, Suicide, Homicide~~

Reported by H L V Hodgson M D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full James Edward Grindle

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month Aug Day 26 Age Y. 1 M. 0 D. 7 Native of Lonaconing ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

Father's Name Thomas Grindle

Mother's Name Harriett M. Hughes

Cause of Death Primary Cholera Infantum 82 How long sick 1 Day

Immediate ~~Spasms~~ Convulsions ~~Accident, Suicide, Homicide~~

Reported by James O. Bullock M.D.

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name In Full

Certificate of Death

Beulah Isaacs

Died at Town Frostburg County Allegany MARYLAND

Date 1899 Month 8 Day 6 | Age Y. 11 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name G. L. Isaacs

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Mining Journal 8-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79308

Name in Full | Certificate of Death

Martha Walace Joy

Town | County

Died at Barton | Allegany | MARYLAND

Date 1899 Month Aug Day 25 | Age Y. 40 M. D. | Native of Penn | Occupation H.W.

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of Thomas Joy

Father's Name John Walace | Mother's Name Martha — Walace

Cause of Death: Primary Syphalis 24 | How long sick 6 weeks

Immediate Exaustion | ~~Accident, Suicide, Homicide~~

Reported by S A Boucher M. D.

Address Barton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full John Koell

Certificate of Death

Died at Town Elmora County Allegany MARYLAND

Date 189 Month August Day 29 | Age Y. 50 M. 4 D. 21 | Native of Germany | Occupation Miner

~~Male~~ ~~Female~~ | White ~~Colored~~ | ~~Single~~ Married ~~Widow~~ Widower ~~Divorced~~ | Number of children living

Husband ~~Wife~~ of Barbara Reubling

Father's Name Wm Koell | Mother's Name [illegible]

Cause of Death: Primary Cardiac Asthma — How long sick 2 - Years

Immediate Mitral Regurgitation — ~~Accident, Suicide, Homicide~~

Reported by Chas Stauffer M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7999B

Attended by Dr. A. G. Smith

of Ocean Mill

Seen by Coroner

of

Information contained in this certificate received

from Jno. F. Cadden

of Middlesex

Name in Full

Certificate of Death

Chas Neff

Died at Town Cumberland County Allegany MARYLAND

Date 1897 Month Aug Day 20 Age Y. 31 M. D. Native of W Va Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Mrs Chas Neff

Father's Name — Mother's Name 22 e

Cause of Death Primary Tuberculosis of Bowels & Malaria How long sick 1 mo or more

Immediate Exhaustion from Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadnap MD

Address 100 Va Ave City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Douglass Percy

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: Aug Day: 21 | Age Y.: 49 M.: — D.: — | Native of: Maryland | Occupation: Druggist

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 2

Husband of Wife: Percy

Father's Name: | Mother's Name: 32

Cause of Death — Primary: Pernicious anaemia — How long sick: 4 months

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by: E. T. Pope M.D.

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Rosanna Philpot

Died at Town Cumberland County Allegany MARYLAND

Date 189 9 Month Aug Day 28 Age Y. 60 M. D. Native of Md. Occupation Housework

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Malaria 19

Immediate Exhaustion from Mal.

How long sick

~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup M.D.

Address 100 Va Ave Cuty

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full J. C. Dixon

Certificate of Death

Died at Town Midland County Allegany MARYLAND

Date 189[9] Month Aug Day 13 | Age Y. 53 M. — D. | Native of Md | Occupation Painter

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single / Widow / Widower / Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Fall — 15-2a | How long sick 4 days

Immediate Internal Hemorrhage | Accident, ~~Suicide, Homicide~~

Reported by A G Smith

Address Ocean Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55965

Name in Full Richard Stephens

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 Month 9 Aug Day 12 | Age Y. 50 M. 5 D. 9 | Native of England | Occupation Miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

~~Wife~~ Husband of Susan Stephens

Father's Name Anthony Stephens | Mother's Name Sophy Stephens

Cause of Death { Primary Pneumonia (septic) | ~~Secondary~~ | How long sick 7

72

Accident, Suicide, Homicide

Reported by M. Gibson, Porter

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Thompson

Certificate of Death

Died at — Town: Barton — County: Allegany — MARYLAND

Date 189 9 — Month: 8 — Day: 8 — Age: Y. M. D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Jos Thompson — Mother's Name: Maggie Thompson

Cause of Death — Primary: Still born — ~~How long sick~~

Immediate — ~~Accident, Suicide, Homicide~~

Reported by: C Brotzmarkle

Address: Lonaconing Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Melvin Stilhelm

Certificate of Death

Died at Town near Mt. Savage County Allegany MARYLAND

Month 8 Day | Y. | M. | D. | Native of | Occupation

Date 1899 Age 12

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary shot 145-a | Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Cecil Democrat 9-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

James Fredrick Williams

Died at Cumberland (Town) Allegany (County) MARYLAND

Date 189 4 Month Aug Day 5 | Age Y. — M. — D. 5 | Native of Maryland | Occupation none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Walter A William

Mother's Name Mamie Williams Evans

Cause of Death: Primary Patulous foramen ovale

Immediate Asthenia 137

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by W J Corcoran MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968